02:00 pm - 03:30 pm **AUDITORIUM RICHELIEU LEVEL 1**

FOC1

FREE ORAL COMMUNICATION SESSION 1

Genito-Ulcer Diseases: Where are we now?

Chairs: Claudia Heller-Vitouch (A), Pieter van Voorst Vader (NL)

02:00 pm **O.001** **CAN WE RELIABLY DIAGNOSE SYPHILIS?**
J. Scythes* - C. M. Jones - (Canada)

02:10 pm **O.002** **EVALUATION OF TREP-SURE ; A NEW FIRST LINE EIA FOR THE DETECTION OF TOTAL ANTI-TREPONEMAL ANTIBODIES**
R. Notenboom* - M. Meddens - K. Nagy - (Canada, Hungary)

02:20 pm **O.003** **AFFINITY MATURATION OF SPECIFIC IGG ANTIBODIES IN SYPHILIS SEROLOGY**
B. Schmidt* - (Austria)

02:30 pm **O.004** **RAPID TEST FOR SYPHILIS CONTROL IN PREGNANT WOMEN: A REALITY IN RURAL AREAS OF BOLIVIA**
F. Tinajeros* - S. Garcia - R. Revollo - C. Diaz - D. Grossman - B. Adele - (Bolivia, Brazil, Mexico, USA)

02:40 pm **O.005** **CLINICAL FEATURES OF CONGENITAL SYPHILIS IN BELARUS**
O. Pankratov* - (Belarus)

02:50 pm **O.006** **GENITAL ULCERATIONS : A PROSPECTIVE STUDY OF 280 CASES (1995-2005)**
V. Anyfantakis* - P. Bonhomme - J. Louison - T. Tandeau de Marsac - B. Chaine - P. Vallée - I. Casin - C. Scieux - F. Lassau - M. Janier - (France)

03:00 pm **O.007** **A RETROSPECTIVE STUDY OF 24 CASES OF SYMPTOMATIC NEUROSYPHILIS; DECLARED BETWEEN 2000 TO 2005 IN A DEPARTMENT OF INFECTIOUS AND TROPICAL DISEASES**
E. Hope-Rapp* - A. Canestri - L. Paris - F. Bricaire - P. Le Hoang - E. Caumes - (France)

03:10 pm **O.008** **ENHANCED SURVEILLANCE OF AN OUTBREAK OF SYPHILIS IN TURIN**
S. Delmonte* - M. Bernengo - S. Rondoletti - (Italy)

03:20 pm **O.009** **LARGE HETEROSEXUAL SYPHILIS OUTBREAK IN THE REGION OF AACHEN, GERMANY**
U. Marcus* - O. Hamouda - V. Bochat - (Germany)

02:00 pm - 03:30 pm **ROOM COLBERT LEVEL 2**

SY2

SYMPOSIUM 2 -HPV INFECTION

Chairs: Mihael Skerlev (HR), Fabrice Bouscarat (F), Jane Sterling (UK)

SY2-1 **Genital warts : clinical and therapeutic problems in HIV-negative and HIV-positive patients**
Fabrice Bouscarat (F)

SY2-2 **HPV genital infections in males : clinical aspects and the sense of the HPV-DNA typing**
Mihael Skerlev (HR)

SY2-3 **A quantified green tea extract in the treatment of external ano-genital warts**
Gerd Gross (D)

SY2-4 **Is vaccination the answer to HPV infection ?**
Jane Sterling (UK)

SY2-5 **HPV, anal intraepithelial neoplasia and carcinoma in MSM**
Joel Palefsky (USA)

02:30 pm - 03:30 pm **ROOM MONTESQUIEU LEVEL 2**

SRHR NETWORK

Establishing Meeting of the Network of Sexual and Reproductive Health and Rights for Countries of Central and Eastern Europe, Central Asia and Western Balkans

Chair: Marius Domeika (SE)

03:30 pm - 04:00 pm **MAZARIN HALL LEVEL 0**

Coffee break and visit of the Exhibition area

I would like to thank the scientific committee for this opportunity to sum up our sy screening experience. And as well to thank my coll in Tor & Budapest & amid our co-chairs

Dept of Medical Microbio

Method slide 3 — our 1st group — 500 HIV(+) pts at a dedicated HIV clinic received regular serial RPR & ^quantified TPHA testing 18 months:

slide 4 — Birmingham

slide 5 — Helsinki

slide 6 Results. No RPR's! /500 18 pts had completely lost TPHA reactivity in our observ period of about 2 years½ on average. Several pts elected to have sy re-treatment. Three I knew well became TPHA(+) during therapy – there was severe therapeutic paradox in two of the men I knew. No classical symptoms of sy appeared.

Slide 7 Method 2nd group 250 gay men were tested with the U of T's HIV/AIDS epidemiology project: 125 (+) HIV 125 HIV(–). and about 15 HIV seroconv in the five year follow-up study. → Sy serology: No RPR's in

slide 8 Amsterdam

slide 9 Results: This high risk group. TPHA titres dropped, or went to negative, in 24 of the HIV(+) men, while only one HIV(–) person lost treponemal ab. Antibodies of other specificities did not drop. Treponemal antibody was disappearing in these men – at least at the cut-offs (80 dils) back then. Other centres also found this problem – Brian Evans (UK) & Gail Bolan / Jennifer Haas at San Francisco General. No symptoms of sy itself.

3rd group

Slide 10 Method 3rd group 557 persons at a downtown Toronto clinic were screened with RPR, TPHA, and TrepChek, a recombinant trep ag based test using batched ags grown in E. Coli.

slide #11 ASM meeting abstract Los Angeles 2000

slide 12 Results: no RPRs/557 persons 9 × TPHA(+) 27 TrepChek(+) 24 (+) or equiv in the MarDx blot. Only 4/27 traced.

irus
n naive patients
tients: place of entecavir
l pelvic inflammatory disease
e IUSTI/WHO Europe 2001
STD & AIDS
AIDS
em I. van der Meijden (NL),

4th group:

78 & 105

slide (13) our ~~fifth~~ 4th group: 183 men from two derm out-pts clinics were screened with RPR & TPHA, HIV, serologies, and as well were screened for T.p. DNA on whole blood. CDC

slide (14) Ottawa ISSTDR

slide (15) Hungarian Archiv of Derm.

slide (16) Results: 6 out pts with HIV were sy PCR neg. 2 HIVs were sy PCR (+) 13/183 had contact with sy by our PCR and only 4/13 of these PCR(+) men were TPHA(+) treated cases. So 9/13 had latent sy by NAA. We did repeat testing. The test seems correct. It detected about 100 Tp/ul DNA or more. ~~[illegible]~~ One only had RPR (+) results. No signs or symptoms of early syphilis appeared during our study period of over a year in each group.

slide (17)-(21) conclusions:

(22) sobering quotes:

(23) J.E. Moore - and add in Earle Moore's other work: (Baltimore) on non-trep tests: During infectious relapse, or in cases of re-infection proven by direct detection of Tp, non-trep tests had a sensitivity of only 68% as compared to the 100% seen in the first-time infection.

Supported by all experimental sy re-infection studies → THE MOUSE

~~and~~ add in Ron Ballard (CDC) on DNA of Tp in early GUD lesion exudate. 62% of TP DNA(+) specimens were RPR(-) when other GUD proteins were present. The other GUDs result in atypical clinical presentations, and seem to change the antigen processing for syphilis.

(24) Thomas: ~~this quote~~ introduce "syphilisation" idea. Boeck, Locke. Paris 1870 Dermatol Literature.
introduce Bernhard Dettner, colleague of EWT at the Bellevue, from (Alte) AKH Wien, Fled in 1939 as did the Anschluss KL to NYC.

Dettner: that ~~most~~ 82% of his pts with later sy and ns, had lifelong loss of TB recall. Q&C type IV recall was ablated. 80% of regular hosp. admissions still reacted

(25) California Medicine (gay men) again, we see the effect of repeated sy infection – less classical symptoms to bring the patient in for care. Cite KK Holmes 7th Harrison, 1st one I owned: Gay men in the 70s basically 80% of infections sy was not followed up with contact tracing or serology

Cite Emily Erbelding and Anne Rompalo recent JHU work: 62% of HIV (+) men in Baltimore did not come back in for repeat syph serology, and in the men who did, failure rates were high indeed. Musher argues failure rates for 2nd sy as high as 40%!

(26) Musher slide:

maybe a bit out of context but SAL also said regarding treatment of sy: clinical: good, serologic: fair, biologic: poor. Collart, Pierre, Poitvin, Michel

(27) Larsen slide: Immunology to diagnose sy? maybe Bob can do it!

recent in depth review → (28) last pg. Immunity to syphilis does not exist......
NY state sy. page

Interesting reading: 10 things on sy you can't get on the Net yet!!!

All the sy (HIV) changes with pre 1970:

- multiple primaries
- overlapping stages
- violent exanthems
- delayed serologic response/failures
- very high non-trep & trep ab titres
- precocious tertiarism
- malignant syphilis

all seen pre-1960 ??? So what's new? HIV? maybe.

Skin testing with leetin preparation:
never worked despite success with
leeshmanin, histoplasmin, pneumocystin, coccidioidin, tuberculin, etc
blastomycosin

Sy direct detection: at least 4 methods:

1- Dark field
3- DFA radio-labelled staining
2- RIT
4- Molecular diagnosis by NAT (PCR)

- Atypical sy in HIV infection
- where is the opport sy in HIV disease
why is the sy of HIV so small on detection